Case 16-15582 Doc 14 Filed 05/20/16 Entered 05/20/16 12:23:06 Desc Main Fill in this information to identify your case: Debtor 1 **Dominique Smith** First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number 16-15582 (if known) ☐ Check if this is an amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 3228 195th Street Flossmoor, IL 735 ILCS 5/12-901 \$170,000,00 \$15,000.00 60422 Cook County 100% of fair market value, up to Line from Schedule A/B: 1.1 any applicable statutory limit 2009 Land Rover LR2 90.000 miles 735 ILCS 5/12-1001(c) \$2,400.00 \$8,000.00 Line from Schedule A/B: 3.1 100% of fair market value, up to any applicable statutory limit Used living room furniture, washer, 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 dryer, refrigerator, dining room set. Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit Television, Stereo, DVD Player, I-Pad, 735 ILCS 5/12-1001(b) \$800.00 \$800.00 Cell Phone Line from Schedule A/B: 7.1 100% of fair market value, up to

Official Form 106C

\$300.00

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$300.00

Day to day work clothes.

Line from Schedule A/B: 11.1

735 ILCS 5/12-1001(a)

De	Case 16-15582 Doc 14 bbtor 1 Dominique Smith	Filed 05/20/1 Document	.6	Entered 05/20/16 12:23 Page 2 of the number (if known)	3:06 Desc Main 16-15582		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Check only one box for each exemption. Schedule A/B					
	Costume Jewelry Line from Schedule A/B: 12.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)		
				100% of fair market value, up to any applicable statutory limit			
	Cash Line from Schedule A/B: 16.1	\$40.00		\$40.00	735 ILCS 5/12-1001(b)		
	Ellie Wolff Golfadale 775. 16.1			100% of fair market value, up to any applicable statutory limit			
	Federal: 2014 Tax Refund Line from Schedule A/B: 28.1	\$18,246.00		\$2,060.00	735 ILCS 5/12-1001(b)		
	Line Holl College / V.S. 20.1			100% of fair market value, up to any applicable statutory limit			
3.	Are you claiming a homestead exemption o (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustmen	t.)		
	Yes. Did you acquire the property covered No	d by the exemption with	nin 1	,215 days before you filed this case?			
	∐ No □ Yes						

Case 16-15582 Doc 14 Filed 05/20/16 Entered 05/20/16 12:23:06 Desc Main Fill in this information to identify your case: Debtor 1 **Dominique Smith** Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number 16-15582 (if known) ☐ Check if this is an amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Name, Number, Street, City, State and ZIP Code 2.1 Name Number Street City ZIP Code State 2.2 Name Number Street City State ZIP Code 2.3 Name Number Street City State ZIP Code 2.4 Name Number Street City State ZIP Code 2.5

Name

Number

City

ZIP Code

Street

Case 16-15582 Doc 14 Filed 05/20/16 Entered 05/20/16 12:23:06 Desc Main Fill in this information to identify your case: Debtor 1 **Dominique Smith** First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number 16-15582 (if known) ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor, □ No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G), Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 **Brenda Slaughter** ☐ Schedule D, line

250 Main Street

Park Forest, IL 60466

Schedule E/F, line

☐ Schedule G _ PRN Funding

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Fill	in this information to identify your o	ase:				ı			
De	btor 1 Dominique	Smith							
	btor 2 ouse, if filing)			***************************************					
Uni	ited States Bankruptcy Court for the	: NORTHERN DISTRI	CT OF ILLINOIS						
	se number 16-15582		-			Check if this is An amend A supplem	ed filing ent showi		
\bigcirc	fficial Form 106I							following date:	
	chedule I: Your Inc	omo				MM / DD/	YYYY		
	as complete and accurate as pos		and are filing togeth	or /Dob	4a- 4	and Dabtas (1) ba	Al		12/1
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not inclu	ide info	mati	on about your sp	ouse. If m	nore space is	needed.
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-	filing spouse	
	If you have more than one job,	Employment status	Employed	□ Emp	☐ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	☐ Not employed		
	employers.	Occupation	Registered Nur	se					
	Include part-time, seasonal, or self-employed work.	Employer's name	Reliable Health Care Services, LLC						
	Occupation may include student or homemaker, if it applies.	Employer's address 260 Main Street Park Forest, IL 60466							
		How long employed t	here? 2 Mont	hs		ANTERONO A			
Par	t 2: Give Details About Mor	nthly Income							
Esti	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0 in the	space. In	clude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all	empl	oyers for that perso	on on the I	lines below. If	you need
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,365.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lir	ne 2 + line 3.		4.	\$	4,365.00	\$	N/A	

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Debi	or 1	Dominique Smith	-	Case	number (if known)	16-15	582
	Cor	by line 4 here	4.	For \$	Debtor 1 4,365.00		ebtor 2 or iling spouse N/A
5.	,	t all payroll deductions:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 	
3.	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ = \$ = \$ = \$ =	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,365.00	\$	N/A
8.	8b. 8c. 8d. 8e. 8f.	Real other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8c. 8d. 8e.	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	\$\$ \$\$	N/A N/A N/A N/A
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	+ \$_		N/A = \$ 4,365.00
11.	othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depend		-		hedule J. 11. +\$ 0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies					12. \$ 4,365.00 Combined
13.	Do y	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				monthly income

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						1			
	in this informa	tion to identify yo	our case:						
Deb	otor 1	Dominique S	Smith			Che	eck if this is: An amended filing		
ĺ	otor 2 ouse, if filing)					ä	•	ring postpetition chapter he following date:	
Unit	ted States Bankr	uptcy Court for the	: NORTH		MM / DD / YYYY				
Car	se number 16	i-15582							
l	nown)	-15562							
O	fficial Fo	rm 106J							
S	chedule	J: Your I	Exper	ises				12/1	
Be info nur	as complete a ormation. If m mber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta y questio	. If two married people a ch another sheet to this					
Par 1.		ibe Your House	hold					- A - A - A - A - A - A - A - A - A - A	
1,	Is this a join								
	No. Go to								
			in a separ	ate household?					
	□ No	-							
	∐Y€	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expense	es for Separate House	ehold of De	btor 2.		
2.	Do you have	e dependents?	□ No						
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state dependents i				D		5	□ No ■ Yes	
								□ No	
					S		8	Yes	
								□ No	
								☐ Yes	
								□ No	
_	_						*****	☐ Yes	
3.	expenses of	enses include f people other ti I your depende	han 🦳	No Yes					
Est	imate your ex		our bankr	y Expenses uptcy filing date unless y is filed. If this is a sup					
the	lude expense value of such ficial Form 10	assistance and	non-cash d have ind	government assistance luded it on <i>Schedule I:</i>	if you know Your Income		Your expe	nses	
4.	The rental o	r homo ownord	hin avnan	ses for your residence.	Include first mortgage				
₹.		d any rent for the			moldde mat mortgage	4.	\$	0.00	
	If not includ	ed in line 4:							
		state taxes				4a.		0.00	
		rty, homeowner's				4b.	· ————————————————————————————————————	0.00	
		maintenance, re owner's associat	•	upkeep expenses		4c. 4d.	\$	50.00 167.00	
5.				our residence, such as h	ome equity loans	4u. 5.	·	0.00	
٠.		יייין ישש שפיייייי				٠,	•	0.00	

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Deb	tor 1	Dominiq	ue Smith	Case num	ber (if known)	16-15582
6.	Utilit	ies.				
0.	6a.		, heat, natural gas	6a.	\$	300.00
	6b.		wer, garbage collection	6b.	\$	0.00
	6c.		e, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
	6d.	Other, Sp.	·	6d.	\$	0.00
7.		•	ekeeping supplies	—	\$	600.00
8.			children's education costs	8.	\$	0.00
9.			lry, and dry cleaning	9.	\$	100.00
		<u>.</u> .	products and services	10.	•	100.00
		•	ntal expenses	11.		80.00
			Include gas, maintenance, bus or train fare.			00.00
14.			ar payments.	12.	\$	300.00
13.			clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.			tributions and religious donations	14.	·	0.00
		rance.			***************************************	
			nsurance deducted from your pay or included in lines 4 or 20.			
		Life insura		15a.	\$	0.00
	15b.	Health ins	surance	15b.	\$	0.00
	15c.	Vehicle in	surance	15c.	\$	80.00
	15d.	Other insu	urance. Specify:	15d.	\$	0.00
16.			nclude taxes deducted from your pay or included in lines 4 or 20.			
	Spec	ify: 1040	,	16.	\$	200.00
17.			ease payments:			
	17a.	Car paym	ents for Vehicle 1	17a.	\$	0.00
	17b.	Car paym	ents for Vehicle 2	17b.	\$	0.00
	17c.	Other, Spe	ecify:	17c.	\$	0.00
	17d.	Other. Spe	ecify:	17d.	\$	0.00
18.		-	of alimony, maintenance, and support that you did not report as			
	dedu	icted from	your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
19.	Othe	r payments	s you make to support others who do not live with you.		\$	0.00
	Spec			19.		
20.			erty expenses not included in lines 4 or 5 of this form or on Sche			
			s on other property	20a.		0.00
		Real estat		20b.		0.00
	20c.	Property,	homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeown	er's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify:		21.	+\$	0.00
22	Color					
22.			monthly expenses through 21.		\$	2 477 00
					s -	2,177.00
			2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		9	
	22c. /	Add line 22	a and 22b. The result is your monthly expenses.		\$	2,177.00
23	Calcu	ulate vour	monthly net income.			
			12 (your combined monthly income) from Schedule I.	23a.	\$	4,365.00
			r monthly expenses from line 22c above.	23b.		2,177.00
		jour				2,://.00
	23c.	Subtract v	rour monthly expenses from your monthly income.			
			is your monthly net income.	23c.	\$	2,188.00
			•			
24.	Do yo	ou expect	an increase or decrease in your expenses within the year after yo	u file this	form?	
			ou expect to finish paying for your car loan within the year or do you expect your terms of your mortgage?	mortgage (payment to incre	ase or decrease because of a
	_		terms or your mongage?			
	■ No					P-944-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	☐ Y€	29	Explain here:			